

KALAMAZOO AMATEUR ATHLETIC FEDERATION

SCHOLARSHIP APPLICATION

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

PERMANENT ADDRESS _____

STREET _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMBER _____

PARENTS FULL NAME AND ADDRESS

LAST NAME _____

FIRST NAME'S _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

WHAT COLLEGE WILL YOU BE ATTENDING _____

WHAT FIELD OF STUDY ARE YOU PURSUING? _____

HIGH SCHOOL GRADE POINT AVERAGE _____

WHAT HONORS AND RECOGNITION HAVE YOU EARNED IN HIGH

SCHOOL? _____
